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FOR OFFICE USE ONLY!	
Station(s)	
Assignment(s)	
Date Assigned:/	
Welcome packet sent://	_
Computer Entry://	
By:	
•	,

Please print and complete all sections.

Name	Birth Date				
Mailing Address	City	Zip			
PhoneCell Ph	oneEmail				
(Optional) Gender:MaleFemale Are you a Veteran? Yes	American Indian/Alaska Native	can-AmericanHispanic/Latino			
Will you use your car during your vol	lunteer assignment? Yes No Claim	ing mileage reimbursement? Yes No			
Driver's License #	State E	Expiration Date			
*If claiming mileage reimbursen	nent, please include a copy of you	ar proof of auto insurance.			
As a volunteer of RSVP, you will be covered by accident, personal liability, and excess automotive liability insurance while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Emergency ContactPhone					
Beneficiary for RSVP Supplement	tal Accident Insurance:				
Name	Relationshi	р			
Address	Phone				
Employment Experience					
Skills/Interests/Languages					
Volunteer Experience (Current/Past))				
Please tell us where you are currentl	y or would like to volunteer				
Days/Hours Available: Mon T	ues Wed Thu Fri	Mornings Afternoons			

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Davis County Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, Davis County, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Utah. I will also keep in effect a valid Utah Driver's license.

RSVP Volunteer Signature	Date	RSVP Manager Signature	Date
I I do not give permission to use my likeness in photograph(s)/video(s) to Davis County RSVP. Return completed registration to: Davis County RSVP For Questions contact:			
of its publications or on the world value Davis County in perpetuity. I will of these photograph(s)/video(s).	wide web, whether now kno make no monetary or other	wn or hereafter existing, controlled b claim against RSVP of Davis County	y RSVP of
Return completed registration to:	Davis County RSVP PO Box 618 Farmington, UT 84025	For Questions contact: Viki Bowman 801-525-5 vbowman@daviscountyu	
FOR OFFICE USE ONLY:			